

**BILLING INFORMATION FOR PERMITTED  
ANIMAL FEEDING OPERATION**

**Mail completed form to:**

Mr. Bob Rinker  
State Water Resources Control Board Fee Unit  
PO Box 1888  
Sacramento, CA 95812-1888

**Facility Information:**

WDID Number: \_\_\_\_\_ Date of most recent fee payment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

Facility Name: \_\_\_\_\_ Former Name(s): \_\_\_\_\_

Facility Location: \_\_\_\_\_  
STREET CITY COUNTY

**Contact Information:**

Facility Operator: \_\_\_\_\_  
NAME PHONE  
STREET CITY ZIP

Billing Contact: \_\_\_\_\_  
(If different) NAME PHONE  
STREET CITY ZIP

**Animal Information / Population:**

Dairy: Type: Cow Goat Number of mature animals: \_\_\_\_\_

Feedlot: Type: Cattle Veal Heifers Number of animals: \_\_\_\_\_

Finishing Yard / Auction Yard: Number of animals: \_\_\_\_\_

Other: Swine Sheep Horse Number of animals: \_\_\_\_\_

Poultry: Layers Broilers Ducks Turkeys Liquid Manure System: Yes No  
Number of birds: \_\_\_\_\_

**Certification Under an Environmental Management Program:**

The facility is currently certified under the following program: CDQAP

Date of Certification: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

**Certification by Preparer**

*I, the undersigned, certify under penalty of law that this document was completed under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

PRINT NAME

SIGNATURE

DATE

PHONE